The Media’s False Narrative About Depression Pills, Suicides, and Saving Lives

By

Peter C. Gøtzsche, MD -

August 23, 2023

16

5272

When the media tell of a serious harm of a psychiatric drug, they follow a standard script, which involves that they must also praise the drug.

Illustration of a head with hands over eyes and the word "PROPAGANDA"

There are at least five main reasons why psychiatric drugs are portrayed in the media in a light that is far too positive.

First, journalists learn at journalism school that they should be balanced. But there are reasonable exceptions. An article about Hitler and the tens of millions of deaths his megalomania caused does not need to say that he was kind to dogs, was opposed to smoking tobacco, and sometimes smiled between all his shouts.

Journalists should also consider that misguided “balanced” reporting often leaves the public confused. When both sides are given similar prominence, people might conclude that the jury is still out even when there is nothing to doubt about, e.g. that smoking kills or we experience a man-made climate change. What is often wrong with “balanced” reporting is that it makes people dumber than they need to be.

Second, many journalists or their close relatives or friends take psychiatric drugs, and when you do that, you tend to think you benefit from them. This anecdotal evidence has no scientific value and is contrasted by the results of placebo-controlled trials, but people unfortunately believe more in what they think they experience than in science —even though they cannot know if they might have become better without treatment.

Third, the corrupting influence of industry money is seen everywhere, even in our most prestigious medical journals. I have experienced several times that a newspaper interview with me about psychiatric drugs the journalist was very eager to publish was

rejected by the editor, and in one case, it was revealed that it was all about not losing advertising income for the newspaper from the drug industry.

Fourth, editors know that they could make hell for themselves if they publish critical articles or documentaries about drug harms. They might face a storm of protests from key opinion leaders, often financed secretly by the drug industry, questions might be raised in parliament, also often by people with financial conflicts of interest, etc, etc. The pressure can be so high that some of the world's very best journalists get fired and the editors apologize publicly even though there was absolutely nothing to apologize for. This happened for my deputy director at the Institute for Scientific Freedom, Maryanne Demasi, and her team who aired two brilliant documentaries about statins on the Australian Broadcasting Corporation.

Fifth, even though journalists are usually critical towards statements from politicians and often check if they are true, they are surprisingly uncritical towards statements from powerful people in healthcare, which they propagate as if they were eternal truths, even though such people often have guild or financial interests or both to protect.

The standard script used for psychiatric drugs: a BBC report

Let us take a typical example. On 9 August 2023, BBC Scotland reported that Dylan Stallan, who had never expressed suicidal thoughts before he started treatment with sertraline for anxiety, committed suicide at age 18.

Neither he, nor his mother, were warned that depression drugs can cause suicide, and BBC misled the public substantially. Here are the worst examples.

"The effectiveness of antidepressants on under-18s is not fully known and in the UK only one kind of drug—Fluoxetine, also called Prozac—is commonly prescribed to this group." It is very well known that depression drugs don't work for children, and this applies also to fluoxetine. When psychiatrist David Healy and I analysed the clinical study reports Eli Lilly submitted to the drug regulators for getting approval for using fluoxetine in minors, we found that the drug was ineffective and very harmful, and that published trial reports were so biased that it comes close to fraud.

"There is some clinical trial evidence to suggest the risk of suicide in 18-24 year-olds is increased when they take these medications." This is the type of parlance the drug industry use. In medical research, we don't look at "some" of the evidence, we collect it all and subject it to a meta-analysis. When we do this, the placebo-controlled trials do not "suggest" an increased risk of suicide, they prove it. It has been known for

decades that these drugs double the risk of suicide in youngsters, which is why the FDA introduced a black box warning in 2004. In addition, depression drugs increase aggression in children and adolescents 2-3 times, which can lead to suicide, violence, and homicide.

Child and adolescent psychiatrist Professor Bernadka Dubicka told the BBC that “The data seems to show that up until the age of 25, one in 50 young people who are on an antidepressant might experience an increase in suicidal thinking and self-harm in those first few weeks after taking an antidepressant.” In accordance with this, Anton Ferrie from the BBC wrote that among the more severe side-effects were “suicidal thoughts.”

This is horribly misleading. Suicidal thinking and self-harm are relative mild events, but these drugs double the suicide risk and have caused numerous suicides. Moreover, the suicide risk is not limited to the first few weeks of therapy. People can kill themselves at any time, often within hours after their relatives thought they were fine, and any dose change increases the risk of suicide, which the FDA warns about in package inserts.

Dylan’s mother told his story “to a new documentary for the BBC iPlayer [the link only works in the UK] which features the stories of young people whose lives have been changed—and saved—by antidepressants.” A family doctor and sexual medicine expert, Dr Ben Davis, said: “There are people for whom they are life-saving medication.” And comedian Elliott Brown said that the drugs had reduced his libido but had also “saved his life.”

This is horribly misleading. Depression drugs don’t save anybody’s lives. They kill people, in large numbers. In the elderly, presumably mostly because of falls and hip fractures. In a radio debate I had with Danish MIND‘s Chairman, Knud Kristensen, he argued that some of their patients had said that depression pills had saved their life. I responded that it was an unfair argument because all those the pills had killed couldn’t raise from their graves and say the pills killed them.

Depression drugs not only double the risk of suicide in children but also in adults. I therefore wonder why media reports about suicides never mention that psychotherapy halves the risk of suicide among those with the greatest risk, admitted acutely after a previous suicide attempt. The obvious reason is that psychotherapists do not corrupt the media, key opinion leaders in psychiatry and politicians with their money, which the drug industry does.

“Experts say there is not always time for these side-effects [including loss of sexual

function and suicidal thoughts] to be fully discussed at the point the drugs are prescribed." This is not a valid excuse. If there is too little time to discuss these and other severe drug harms with the patients, and a plan for tapering off the drug again, it is obviously unethical and therefore malpractice to prescribe them.

"The BBC has spoken to more than 100 people who have used or are using antidepressants, and all of them report side-effects of some kind." Allow me to ask then why these drugs are used at all? The effect they have on depression and anxiety is so small that it lacks clinical relevance and they are very harmful, also for people's sex life:

The sexual medicine expert said that sexual difficulties on antidepressants are prevalent: "We know that one in two people with depression will have some difficulty with sex." The BBC described a man who lost his sex drive within 24 hours of his first pill who is now asexual, with numbness in his genitals, which still persisted 12 months after he stopped taking antidepressants. He has Post-SSRI Sexual Dysfunction (PSSD) and is one of more than 1,000 people who are part of the PSSD Network, an online community started to raise awareness of the condition, which is not currently recognised by the National Health Service.

Horribly false statements by the Norwegian Psychiatric Association

Two days after the BBC report, the chair and other prominent members of the Norwegian Psychiatric Association published an opinion piece in a major newspaper: "'Pill shaming' Is a Serious Societal Problem." Their misguided defence of psychiatric drugs comes close to what leading psychiatrists opine everywhere. The worst falsehoods were these:

"It is a misconception that psychiatric drugs change the personality, have greater side effects than other drugs and are harmful or unnecessary. Conspiracy theories abound that the pharmaceutical industry only wants to profit on making people as dependent as possible." It is a fact that these drugs change people's personality; the rationale for using them is to change people's brains, and the patients perceive that they are no longer themselves, which their relatives confirm. It is also a fact that the drugs are very harmful. I have estimated that psychiatric drugs are the third leading cause of death, after heart disease and cancer. Finally, it has been abundantly documented that the drug industry doesn't care about the harms it causes; it only cares about its profits, which are often obtained through organised crime.

"Drug treated patients return to work more quickly, and disability can be prevented." The opposite is true. The more psychiatric drugs are being used, the more people end up on disability pension.

“The prognosis and risk of relapse are improved significantly when patients take antipsychotics.” The trials that provide the basis for this misconception are deeply flawed. Patients randomised to placebo experience cold turkey symptoms, which the psychiatrists erroneously interpret as relapse. They make the same error with depression trials.

“Patients with ADHD often have reduced quality of life, more frequent depression and more drug problems and criminal behaviour if they are not treated.” This is not correct. In the long run, these patients are harmed by the drugs; they do not prevent depression; they do not increase quality of life; and they do not reduce criminal behaviour, they tend to increase it.

“Drug treatment makes patients more accessible to psychotherapy.” This has not been documented and it is unlikely to be true. Psychiatric drugs change brain functions and bring the patient to an unknown territory where the patient has not been before. This is problematic because you cannot go from a chemically induced new condition back to a more normal state unless you taper off the drugs, and even then, it will not always be possible, as you might have developed irreversible brain damage. In contrast, the aim of psychological treatments is to change a brain that is not functioning well back towards a more normal state.

“There is no biological basis for saying that commonly used psychiatric drugs such as antidepressants, mood stabilizers and antipsychotics cause dependence.” This is blatantly false. Psychiatric drugs influence neuroreceptors in the brain and it is well documented that abrupt withdrawal can cause horrible and dangerous symptoms. It is accepted, even by psychiatric opinion leaders, that benzodiazepines cause dependence, and the withdrawal symptoms of depression drugs are very similar as those for benzodiazepines. About half the patients have difficulty stopping depression drugs.

“So far, most studies indicate that drug treatment is absolutely necessary to achieve recovery and increase quality of life and prevent relapse for most patients with severe psychiatric disorders.” As noted above, and in many scientific articles and books, these statements are also blatantly false.

Recommendations for better journalism

Virtually always, the media are the uncritical mouthpiece of the drug industry and the psychiatric guild, to the great detriment of the patients. Journalists should avoid such misguided journalism. In particular, they need to be aware that most leading psychiatrists have serious misconceptions about their specialty, which go directly

against the most solid science we have.

In 2022, I published Critical Psychiatry Textbook, which is freely available on my website and is being translated into Spanish. My book describes what is wrong with the psychiatry textbooks used by students of medicine, psychology, and psychiatry. I read the five most used textbooks in Denmark and uncovered a litany of misleading and erroneous statements about the causes of mental health disorders, if they are genetic, if they can be detected in a brain scan, if they are caused by a chemical imbalance, if psychiatric diagnoses are reliable, and what the benefits and harms are of psychiatric drugs and electroshocks. Much of what is claimed amounts to scientific dishonesty. I also describe fraud and serious manipulations with the data in often-cited research. I conclude that biological psychiatry has not led to anything of use, and that psychiatry as a medical specialty does more harm than good.

These are harsh conclusions but they are based on solid evidence (there are 701 references in the book).

When journalists interview a psychiatrist or other health professional about psychiatry, they should always check if what is being said is correct, which it rarely is. In the UK, they can contact Council for Evidence-based Psychiatry or Hugh Middleton or Joanna Moncrieff, the co-chairs of the UK Critical Psychiatry Network. In North America, they can contact science journalist Robert Whitaker, founder of the website Mad in America, or psychiatrists David Healy or Peter Breggin all of whom have written excellent books about psychiatry. For other countries, they can contact me, and I shall help myself or refer them to other people.

Above all, please be concrete and truthful. Avoid meaningless marketing statements such as “despite their side-effects, the drugs are worth taking,” or “many people have been helped by them.” These sweeping statements are false. Harms and benefits are rarely measured on the same scale, but when patients in a placebo-controlled trial of a depression pill decide whether it is worthwhile to continue in the trial, they make a judgement about if the benefits they perceive exceed the harms. My research group did such an analysis based on clinical study reports we obtained from drug regulators and found that 12% more patients dropped out on a depression pill than on placebo ($P < 0.00001$). Thus, the patients consider placebo more useful than a depression drug.

Recommendations for leading psychiatrists

The misconceptions among psychiatric leaders are so much at variance with the scientific evidence and with what the patients and their relatives and others experience that it seems justified to say that they suffer from a collective delusion. A delusion is a belief that is clearly false and a person with a delusion will hold firmly to the belief regardless of evidence to the contrary.

Delusions are a key symptom for psychosis where people’s thoughts and perceptions are disrupted and they have difficulty recognizing what is real and what is not.

I shall end with a thought experiment. Using the psychiatrists’ own diagnostic systems and practice, it can be argued that psychiatric leaders such as those who wrote the totally false opinion piece above should be forcefully treated with neuroleptics, also called antipsychotics. I am convinced that if they tasted their own medicines, few of them would sustain their delusions about how good they are, for the benefit of mankind.

***